

State of New Hampshire Bureau of Developmental Services

**Draft In Home Support Waiver
Renewal
April 2020**



New Hampshire's Draft In home Support Waiver Renewal

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- ▶ Public Comment Period: 3.16.20 through 4.15.20
- ▶ The Bureau of Developmental Services (BDS) counts on stakeholders to provide recommendations on what the delivery system should encompass so that all In Home Support waiver recipients have the services they need.
- ▶ BDS appreciates your feedback to assist in the writing of this draft by responding to and attending the listening sessions and by participating via video conferencing and the Call-In option for the public comment sessions.
- ▶ The following waiver is a draft.
- ▶ Your comments will be included in the submission to the Centers for Medicare and Medicaid Services (CMS).
- ▶ The final draft of the waiver is due to CMS by 6.30.2020.
- ▶ The goal is for the new waiver to be in place, with approval from CMS, by 1.1.2021.



Changes to Existing Service Definitions:

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- ▶ “Enhanced Personal Care” has been renamed to “In Home Residential Habilitation” which is an enhancement, as it is a broader definition that includes personal care, protective oversight, supervision, and all activities related to personal growth and development to include acquisition, retention or improvement in skills related to living in the community. All elements of the previous service definition are included in the definition of the In Home Residential Habilitation service.
- ▶ “Family Support/Service Coordination” has been renamed to “Service Coordination”. This update aligns the three HCBS 1915(c) waivers that BDS manages.



Newly Covered Services: Assistive Technology

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- Assistive Technology, items not otherwise covered by the NH State Plan.
 - Assistive technology means an item, piece of equipment, certification and training of service animal, or product system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities of participants.
 - Assistive technology services means a service that directs/assists a participant in the selection, acquisition or use of an assistive technology device.



Newly Covered Services: Personal Emergency Services

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- **Personal Emergency Response Systems (PERS), items not otherwise covered by the NH State Plan.**

Smart technology that may include various types of devices such as electronic devices that enable participants at risk of institutionalization to summon help in an emergency. Covered devices may include wearable or portable devices that allow for safe mobility, response systems that are connected to the participant's telephone and programmed to signal a response center when activated, staffed and monitored response systems that operate 24 hours/day, seven days/week and any device that informs of elopement such as wandering awareness alerts. Other covered items may include seatbelt release covers, ID bracelets, GPS devices, monthly expenses that are affiliated with maintenance contracts and/or agreements to maintain the operations of the device/item.



Newly Covered Services: Individual Goods and Services

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- Individual Goods and Services, items not otherwise covered by the NH State Plan.

Individual Directed Goods and Services are services, equipment, or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the individual service agreement (ISA) (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: The item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment; and the participant and their family does not have the funds to purchase the item or service is not available through other sources. Must not be an otherwise covered state plan service.



Newly Covered Services: Wellness Coaching

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- Wellness Coaching, requires a healthcare practitioner's recommendation. The Services must not otherwise be covered by NH State Plan.

Plan, direct, coach and mentor individuals with disabilities in community based, inclusive exercise activities based on a licensed healthcare practitioner's recommendation. Develop specific goals for the individual's service agreement, including activities that are carried over into the individual's home and community; demonstrate exercise techniques and form, observe participants, and explain to them corrective measures necessary to improve their skills. Collaborate with the individual, his or her family and other caregivers and with other health and wellness professionals as needed.



Newly Covered Services: Non-Medical Transportation

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- Non-Medical Transportation, includes transportation related to child's disability as noted in the service agreement. Does not include family trips or vacations.

Transportation services are designed specifically to improve the person's and the family caregiver's ability to access community activities within their own community in response to needs identified through the individual's service agreement.



Newly Covered Services: Recreation

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- Recreation, requires a healthcare practitioner's recommendation in order to exceed \$2,000.

Recreation, Equipment and Fees: Services that assist a waiver participant to recreate within their community. These services include recreational equipment that is adapted specific to the child's disability and not those items that a typical age peer would commonly need as a recreation item. The cost of an item shall be above and beyond what is typically expected for recreation.

Adaptive Equipment may include adaptive bicycle, adaptive stroller, adaptive toys and floatation collars for swimming, various types of devices with internal auditory devices and other types of equipment appropriate for the recreational needs of IDD or DD.



Service Limitation Adjustments

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Adjusted:

- ▶ Service Limitation on Respite increased to 20%.
- ▶ Assistive Technology, \$10,000 cap every five years.
- ▶ Service Limitation on Recreation increased to \$8,000.
- ▶ Service Limitation on Goods and Services, \$1,500.
- ▶ The Cap for the waiver was raised from \$30,000 to \$35,000.
- ▶ Environmental and vehicle modification needs that exceed a service agreement allotment will be available once every five years to enhance independence, safety and or access.
- ▶ One reference is required for Family Managed Employees instead of two.

Maintained:

- ▶ Service Limitation on fence: \$2,500
- ▶ Service Limitation on non-medical transportation: \$5,000



Top 13 highlights: 1 through 3

- 1.) The waiver participant cap has been raised from \$30,000 to \$35,000.
- 2.) To comport with technical guidance from the 1915(c) waiver, the state is providing for In Home Residential Habilitation which includes personal care.
- 3.) Additional covered services include: In Home Residential Habilitation, Goods and Services, Personal Emergency Response Services (PERS), Non-Medical Transportation, Assistive Technology, Wellness Coaching, and Recreation.



Top 13 highlights: 4 and 5

4.) Family Support/Service Coordination has been renamed to Service Coordination in order for New Hampshire's Bureau of Developmental Service's (NHBDS) three 1915(c) waivers to align. All elements of this service are included in the definition of the Service Coordination Service.

5.) Participant Directed and Managed Services (PDMS) remains the sole service delivery method for the In Home Support waiver and has been modified to include the participant's ability to delegate some or all of their services to a third entity.



Top 13 highlights: 6 and 7

6.) The waiver includes the compliance and implementation of the Center for Medicare and Medicaid Services (CMS) approved NH Corrective Action Plan regarding conflict of interest requirements, direct bill, and provider selection.

7.) The Bureau of Developmental Services (BDS) is committed to a comprehensive, assessment based, person centered planning process and encourages the use of planning tools that increase the likelihood of participants making informed decisions resulting in a positive trajectory.



Top 13 highlights: 8 through 10

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8.) All waiver participants will have a completed Health Risk Screening Tool (HRST) which will result in a health care level (HCL) that identifies service and training considerations which will populate into the written service agreement based on significance of risk. New criteria has been established for individuals with a HCL of 3 or over which includes quarterly home visits.

9.) The Bureau of Developmental Services (BDS) will be coordinating a long term supports and services (LTSS) participant directed and managed services (PDMS) committee with broad stakeholder participation. The committee will develop a PDMS manual which will clearly define the rights and responsibilities of individuals and families relative to managing Medicaid funds and detail budget authority and employment authority.

10.) There is an expectation that progress notes will be written at a minimum monthly and will be submitted in a timely manner.



Top 13 highlights: 11 through 13

11.) Direct Support Staff and Family Managed Employees will have completed a series of registry checks including, as applicable: Bureau of Elderly and Adults Services (BEAS), Division of Children Youth and Families (DCYF), and Office of Inspector General (OIG).

12.) The waiver details compliance with the Home and Community Based Services (HCBS) Final Rule and Regulations per 42 CFR 441.301(c)(4).

13.) Performance measures have been updated to reflect the changes outlined in the CMS March 2014 Guidance: Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers.



In Home Support Waiver Draft Renewal

Based on Listening Sessions:

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Feedback Received:

- ▶ PDMS can be exhausting, time consuming; and
- ▶ Recruitment, training and retention issues can be troublesome.

Families wanted:

- ▶ Less paperwork;
- ▶ More qualified staff;
- ▶ More choices over services and providers.

BDS Response:

- ▶ The waiver continues to be participant directed. There are now three distinct methods of Participant Directed and Managed Services (PDMS) service delivery.
 1. Do it myself
 2. Do it with some help
 3. Delegate service delivery to a third entity of your choosing.



Three methods of service delivery within the Participant Directed and Managed Model:

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- ▶ 1.) Fiscal/Employer Agent (F/EA). Under this PDMS model, the participant (or a representative of their choosing) is the employer of the support workers they hire. The F/EA or Financial Management Services (FMS) entity is the agent to the employer (not the employer of support workers) and operates under Section 3504 of the IRS code and Revenue Procedure 2013-39. The participant can select a F/EA FMS entity to receive and disburse their individual budget funds, manage their support worker's payroll and related taxes and perform some employer-related tasks.
- ▶ Example: Parents own their own business and employ the staff.



- ▶ 2.) Agency of Choice Model (AoC). Under this PDMS model, the employment relationship is shared with the AoC FMS entity (Agency) and the participant or representative of their choosing as joint employers of participant's support workers. The Agency performs the employer tasks described in the F/EA model and issues an IRS Form W-2 to support workers as their employer. However, unlike the F/EA model, the Agency also performs tasks directly related to the support worker, for example hiring, training and formally dismissing, and providing regular and backup support workers, as needed.
- ▶ Example: Area Agency/Provider Agency is the employer of record and the family provides supervision to that employee.



Agency of Choice with Agency Management

- ▶ 3.) Agency of Choice Model with Agency Management: Under this model, the participant, or a representative of their choosing, chooses to delegate their individual budget (budget authority) to a vendor to manage all of the participant's staffing. The participant/representative selects the vendor responsible for staffing and program oversight. The participant/representative may recommend a staff but does not set the rate of pay nor do they manage their schedule, hire, supervise or formally dismiss their support worker(s).
- ▶ Example: Family decides to “outsource” the entire budget to a third party (provider agency) to manage and deliver services.



Participant Directed and Managed Services (PDMS)

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PDMS is the method of service delivery for services available through the In Home Support waiver.

The following supports are in place to offer flexibility to families and individuals who choose to direct their own services:

- ▶ Self-assessment: Is the family/individual able to self-direct?
- ▶ Orientation, Remediation and Transition for PDMS services.
- ▶ Expectations regarding families rights and responsibilities to manage Medicaid funds. For example: monthly paperwork and accurate time sheets.

Responsibilities of the individual/family when self directing:

- ▶ Budget authority
- ▶ Employer authority
- ▶ Three methods of self direction (see previous slides)



What value does the Health Risk Screening Tool (HRST) bring?

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- ▶ Promotes health and well being by assuring a shared understanding of an individual's risk based on the responses. Health Care Level 1-6.
- ▶ Informs service training and service considerations for family managed employees to be better informed in how to assist someone on their specific needs.
- ▶ Creates a longitudinal approach to assessment based planning. Is health improving, and are there new focus areas?
- ▶ Assists in identifying supervision levels and staff training.



Health Risk Screening Tool:

- Health Care Level (HCL) of 3 or over and you will receive quarterly home visits from your service coordinator.
- HCL of 3 or over and the MCO will be available to provide complex care coordination.
- HCL of 3 or over and a nurse trainer will provide a clinical care review.
- The daily tracker from HRST is truly a good idea but the waiver does not mandate it.



Assessment Based Person-Centered Planning

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- ▶ An informed decision is a good decision.
- ▶ Having tools to help us list the alternatives and prioritize our options leads to informed decision making.
- ▶ Identifying areas of transition and the necessary supports to jump the hurdles makes it possible to get past the obstacles.
- ▶ Know what's coming and be prepared.
- ▶ Reflection: Does the service agreement reflect what the participant "our children/youth" need and want?
- ▶ Can we change course based on a trajectory? (Charting the Life Course Framework)
- ▶ The waiver was never intended to provide everything. It is intended to provide services to assist you to keep your child at home in a loving and safe environment.



Conflict of Interest Requirements

- ▶ Regardless of participant direction, the individual/family may choose their service coordinator, but cannot have the same entity implement the plan. “Therein would lie a conflict”.
- ▶ In Home Support services are considered compliant with the Centers for Medicaid and Medicare (CMS) Home and Community Based Care Settings Requirements because people live with their families in the community.
- ▶ In Home Support services are deemed compliant with the Conflict of Interest requirement as long as the same entity is not planning and providing services.



IHS Finance Background Definitions

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Waiver = In-Home Supports (IHS)

Institutional Level of Care = ICF/IID (Only licensed ICF/IID in NH is Cedarcrest)

Reporting Dates per Fiscal Year (FY) = January 1 to December 31

IHS Renewal Period = FY2021 through FY2025

CMS-372 = Center for Medicare and Medicaid Services annual report (372) to demonstrate waiver cost neutrality.



Cost Neutrality Factor Definitions per the Social Security Act *

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Factor	Definitions
Factor D	Estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program.
Factor D'	Estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program.
Factor G	Estimated annual average per capita Medicaid cost for hospital, NF, or ICF/IID care that would be incurred for individuals served in the waiver, were the waiver not granted (average cost for institutional services for individuals with the same level of care).
Factor G'	Estimated annual average per capita Medicaid costs for all services other than those included in factor G for individuals served in the waiver, were the waiver not granted.

* From CMS Training entitled *Estimated annual average per capita Medicaid costs for all services other than those included in factor G for individuals served in the waiver, were the waiver not granted.*



Financial Estimate Methodology

Estimate	Appendix	Methodology of Estimate
Number of Unduplicated Participants Served	B-3-a; J-2-a	Used the average actual unduplicated count for SFY14-19 in MMIS of 4% to grow actual CMS-372 reported unduplicated count for FY21-25.
Average Length of Stay	J-2-d	Calculated the average of the average length of stay reported on the CMS-372 report for FY14-17.
Factor D	J-2-c	Derived from historical service utilization for waiver participants. For newly covered services, experience from the DD and/or CFI Waivers was used. The average unit cost per service is adjusted to reflect provider reimbursement increases included in HB 4.
Factor D'	J-2-c	Developed from FY2016 values using CMS-372 reports. Estimated FY21 thru FY25 amounts using an annual rate of 3%.
Factor G	J-2-c	Developed from FY2016 values using CMS-372 reports. Estimated FY21 thru FY25 amounts using an annual rate of 3%.
Factor G'	J-2-c	Developed from FY2016 values using CMS-372 reports. Estimated FY21 thru FY25 amounts using an annual rate of 3%.



Your feedback is critical to the final draft

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How did we do?

- ▶ The BDS website has an email designated for the 2020 In home support renewal
IHSWaiverRenewal@dhhs.nh.gov
- ▶ <https://www.dhhs.nh.gov/dcbcs/bds/ihw-renewal.htm>
- ▶ Timeframes to be aware of: Public Comment ends April 15th.
- ▶ Don't delay!
- ▶ Content?
- ▶ Language?

Goals:

- ▶ Create a waiver that identifies services that assist your child to live their best life.
- ▶ Comply with CMS expectations.
- ▶ Articulate what the waiver can and can not fund.
- ▶ Provide a consistent message.
- ▶ Focus on the areas that matter the most.



Thank you!

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Thank you for your continued participation in the waiver renewal process.

We look forward to hearing your feedback on the draft In Home Support waiver.

